

Appendix 2

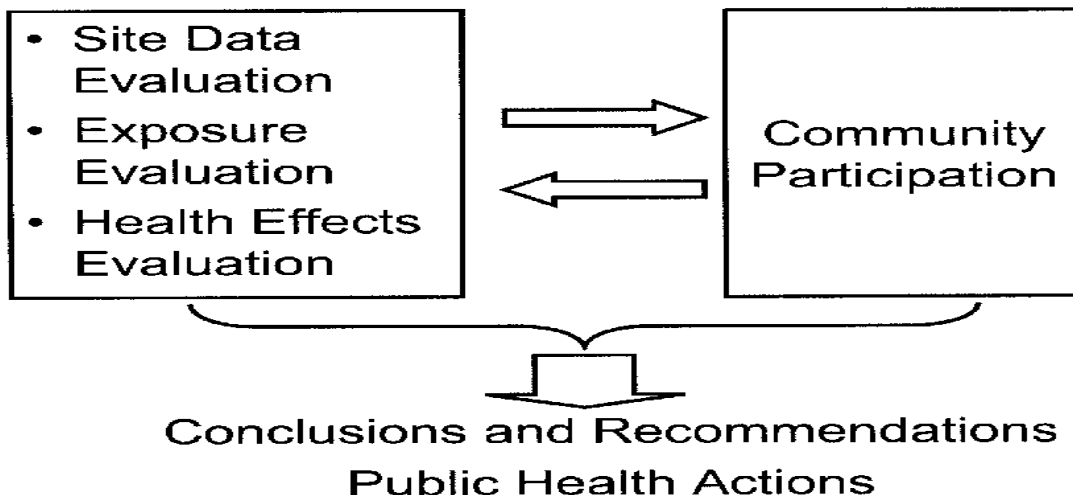
Agency for Toxic Substances and Disease Registry (ATSDR)

- ATSDR is a federal public health agency of the U.S. Department of Health and Human Services.
- ATSDR serves the public by using the best science, taking responsive public health actions, and providing health information to prevent harmful exposures and disease related to toxic substances.
- Congress mandates that we produce a public health assessment (PHA) for every site proposed to the National Priorities List (Superfund).

Libby Asbestos NPL Site PHA Data Used

- Historical and current Libby asbestos sampling data
- Site-specific information
- Health outcome data
 - Mortality review and worker cohort studies
 - Results of medical testing program
 - Anecdotal information on health effects
- Community concerns

Public Health Assessment Process



Conclusions

- Past exposure to hazardous levels of asbestos occurred.
- Death and disease from asbestos is elevated in Libby.
- Source areas are still of concern, especially to sensitive populations.
- Continuing exposures to source areas may pose an unacceptable risk.
- Past and current cleanup actions are protective of public health.

Recommendations

- Continue to investigate and clean up the site to remove or reduce sources.
- Conduct toxicological studies of risk of low-level community exposures to Libby asbestos.
- Conduct health education, especially concerning smoking and asbestos.
- Create a registry to track former workers and their families.
- Provide information to the community about the hazards of Libby asbestos.
- Provide information to the medical community about diagnosis and

Public Health Actions

- ATSDR will maintain the Tremolite Asbestos Registry to track former workers and their families.
- ATSDR will fund the state of Montana to provide ongoing medical testing in Libby.
- ATSDR will work with EPA as they continue investigating and cleaning up the site.
- ATSDR will evaluate the mine site (0U3) at a later date.

Public Health Assessment Process

- Initial release — to agencies (data check) ¶ September 30, 2002
- Public comment release — input from community members and others ¶ December 18, 2002 through March 14, 2003
- Final release — addresses public comments; revised as appropriate ¶ Summer 2003
- Follow-up and Site Updates ¶ As necessary

Address for Comments

Chief, Program Evaluation, Records and Information Services Branch
ATSDR
1600 Clifton Road, NE
Mailstop E-32
Atlanta, Georgia 30333

Comment Period Ends March 14, 2003

Appendix 3



February 10, 2003

Honorable Governor Judy Martz
Capitol Building
Helena, Montana 59604

Dear Governor Martz:

First and foremost thank you for facilitating and securing the \$100,000 of federal funding that will come to Libby for the health care needs of people suffering from or potentially will acquire asbestos related disease. We are very appreciative of your efforts.

As you requested, we have arrived at a community consensus and recommendation as to the use and administration of this \$100,000. This consensus was developed at a Thursday, February 6, 2003 meeting and included representatives from the County Commissioners, the County Health Board, the City of Libby, the Center for Asbestos Related Diseases (CARD), the Lincoln County Community Health Center (LCCHC), the Asbestos Related Healthcare Project (ARHCP), St. John's Lutheran Hospital (SJLH), the EPA's Citizen's Advisory Group (CAG) as well as patients with asbestos related disease (ARD). We had a lengthy discussion as to the highest and best use of this money over the many needs that patients may have.

The unanimous position of the group was that the \$100,000 would best be utilized and meet the most needs by having it administered by the Center for Asbestos Related Diseases Board. It would be used to fund the direct patient care and screening services provided by the CARD Clinic which includes the only onsite specialty care available in the community provided by a pulmonologist. In addition, part of these funds would be earmarked for the Lincoln County Community Health Center to help establish a subsidized pharmaceutical program for ARD patients. Used in this way the money would address the two highest patient care needs; that is, the high cost of respiratory related pharmaceutical medicines and the provision of ongoing monitoring and specialty physician care.

Should our first recommendation not be acceptable a second choice priority would be to place the money in the ARHCP settlement fund to be administered by its Board. This is also a 501(c)3 charitable community corporation. The funds would be expended in the same fashion described above with only a different administrative agent. Our group felt that the more direct and less bureaucratic way would be for the funds to be placed with the CARD Board to administer rather than the ARHCP Board.

For your information, as the facilitator I abstained from the decision making process to ensure that my role as CEO of St. John's would not be a conflict of interest. Thank you for your confidence and the opportunity to serve in this fashion.

Sincerely,

Richard Palagi, MSHA, CMPE, CHE
Chief Executive Officer

c: Jean Branscum

Appendix 4

January 16, 2003

Honorable Denny Rehberg
516 Cannon MOB
Washington, DC 20515

Re: Libby Asbestos Issue Dear Honorable Rehberg:

As we begin a new year, the Libby community would like to take this opportunity to thank you and your staff for your commitment and the many hours of work your office devoted to assisting us in identifying and finding workable solutions to the WR Grace toxic contamination issues. Together, we have come along way since November, 1999 but we still have many challenges before us in 2003.

Working together, progress has been made. ATSDR screened over 7000 persons to determine the scope of the health impact on our citizens and are now in the early stages of establishing a registry of our exposed population. Libby School District has received a small grant that enables them to establish a registry of our "at-risk" school age children. Nearly 1700 children have been entered into the data base at this early point in the process.

Federal funds have allowed us to update our local hospital facility and operate the Center for Asbestos Related Disease and the CORA program for the past two years. We now have the Lincoln County Community Health Center to benefit not only those affected by asbestos related disease but every citizen in need of primary health care services.

The EPA Emergency Response team sent to Libby has done an excellent job of addressing a toxic waste situation of a magnitude never seen before in America. With the joint co-operation of our city, county, state and federal officials, Libby is now an NPL site and beginning the property clean-up operations. We applaud your efforts in making the remediation process move quickly and assisting us in identifying a mechanism whereby Zonolite insulation could be removed from our homes and businesses.

We still have several challenges before us in the next several months. Though we have made small strides in addressing our peoples health care needs on a short term basis, no long term commitment to assist with the specialized health care coverage required by some 1200 individuals to date and probably several thousand over the course of the next 40-50 years has materialized. We have not been able to identify any truly "comprehensive" solution to date. We do know that the responsible party, WR Grace has filed bankruptcy and consequently the victims of their deceitful practices will never be compensated for their losses. We know that Grace's voluntary Libby Medical Plan, limited at best, could be discontinued tomorrow. We do know that the health care costs associated with this disease could bankrupt the already financially strapped State of Montana and severely impact the federally funded Medicare system. We do know that without a comprehensive long term medical program tailored to the needs of this potentially fatal disease, many affected individuals will die destitute. We know that we as a community have an obligation to work closely with our political leaders, our health care professionals, and those affected by this atrocity to find a means by which these individuals have access to the best health care available.

We are asking for your office contact the appropriate parties to again consider declaring a public health emergency as defined in CERCLA but this time focusing the need to use this mechanism to provide the appropriate and adequate health care services for the asbestos related disease population. Libby's situation is most unique; we have had 40 years of unregulated exposure to the January 16, 2003 deadly toxic tremolite asbestos fiber. As there has only been one 9/11, there has only been one Libby-we are the definition of a true "public health emergency". It is not necessary

that the federal government rush to Libby and build a hospital with a long term nursing care wing. We can upgrade our existing services, co-ordinate with other facilities in the immediate area such as Kalispell, Missoula, and Spokane. At a fraction of the cost associated with “reinventing” the wheel and at the same time helping to stabilize our local economic base, we can provide our people with a comprehensive, flexible medical coverage program. To further discuss this concept and to prepare ourselves for the “next” step, we are asking that you or a representative from your office attend our next community advisory group meeting scheduled for February 3, 2003 at 7:00 PM in the Ponderosa Room of the Libby City Complex. Your input is vital to our moving forward on this urgent issue.

Please forward your comments to the CAG at P.O. Box 53, Libby, Montana. You may also fax your response to 406-293-6969.

Thank you and we look forward to seeing you in Libby on February 13th.

Sincerely,

Community Advisory Group
(Signature Page Attached)

